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February 26, 2009

I first became an EMT in 1976 at the UConn Torrington branch under the instruction of Allan Rowe and Gus Ferroti. I served on the Salisbury volunteer ambulance squad for many years and now I serve on the Cornwall volunteer fire department, serving as the rescue Captain. I currently serve on the CT volunteer committee under the chairmanship of J. Paretsky. The CT volunteer committee advises the CT EMS advisory board.

I strongly support SB 414 and the sentiment that accompanies this bill. The volunteers in the state of CT's have been delivering emergency medical care for decades now, and they have been doing an amazing job. Thinking back to my early days as an EMT in the town the Salisbury, I was impressed at how the local people in that town took up the charge of assembling, training and running an ambulance squad. With precious little direction, and no funding, the community came together to fund and organize an ambulance squad that has served that community so well for decades.

As someone who has continued this grass-roots tradition, and as someone who is charged to with providing emergency medical care to our (communitie) community and our neighboring communities, I am mortified at how little say that we the providers have in how to run our squads today. With the best of intentions, and some very dedicated people at OEMS, the mandates being handed down by the state of CT to improve our delivery of emergency medical care is literally on the verge of strangling some squads out of existence. If the volunteer system in this state were to fail, the costs to provide this service would be unbearable and the service would never be as good as it is today. I serve on the volunteer committee and it is depressing to see how long it takes to elicit even the smallest change in our system. I have watched the state impose mandates that are enacted without comment from us, the providers, only to see those mandates repealed after tremendous work, time, and effort from the volunteers out in the field. This begs the question why were these mandates imposed in the first place? Time after time, I have seen this process play out. My time spent on the CT volunteer committee is often devoted to simply getting us back to where we used to be. Once again, as a provider, I can't believe how little say we have in the decision-making process.

I have been told that we, as volunteers, are doing our job way too well. We are taken for granted. Perhaps this state would consider giving us volunteers one week off from our posts and positions, and thus gain a deeper appreciation for the service we provide. Why don't you take the first week in November, and say, volunteers you have the week off, the state will cover for you. If you would like to choose a different month that would be fine with me. And if you wanted to give us two weeks off that would be even better.

This State hands down mandates that are often imposed immediately, but requests from the volunteer committee often take years to get enacted. Working here in the northwest corner of CT, I see the struggles of our local volunteer ambulance squad's. I too, work hard to enact changes through our legislature to improve our position and our ability to provide that service. To keep some of the volunteer squads in our area afloat, help is needed now. Here are some suggestions, many of these have been advanced by the CT volunteer committee, that would be of immediate benefit to the volunteer squads that are struggling so mightily:

#1 Allow volunteers who have held an EMT certification in the past, but had expired, to take the current refresher class and test instead of taking the entire class and national certification exams over. When I compare what I learned in my initial EMT class in 1976 and I compare that with the current curriculum, precious little has changed in that time. If a practitioner can pass the current recertification exam and demonstrate the necessary skills, I wish that the State of CT would recertify them without the 180 hour course, (and) the national registry practical and written exam that would be required today.

#2 Currently an EMT is limited by the ambulance that they are riding in, instead of the current certification that they hold. This is bizarre. I would propose, that if I am trained to the intermediate level, and I respond mutual aid to one of our neighboring towns that offers only the basic level service, I should be allowed to practice to the intermediate level that I am trained to. I was mandated to attend NIMS training, the national initiative to help us identify and allocate our resources. ( All (toll) told, that training and testing took the better part of a week ) This current rule (screens) screams in the face of this kind of mandate.

#3 Currently the State mandates that if a squad is rated at the intermediate level, an intermediate trained practitioner must respond to every call. This poses two problems. First of all, it(s) can tie up the resource of the intermediate trained technicians on a call that does not really require the intermediate technician, such as a routine transfer or other non emergency call. Secondly, it requires a squad to cover every single call (within the) with an intermediate trained technician(s), putting a tremendous strain on local volunteer squads. I have watched the Towns of Salisbury CT and Kent CT drop their intermediate service because they could not provide this service all the time. So now you have many EMT intermediates who are now restricted to basic level practice, regardless of what their patient's needs of their patients might be. Please drop the mandate that requires a squad to provide an intermediate technician to every call.

#4 The State of CT mandates that a minimal crew shall consist of an EMT and an M. R. T.. In this situation the M. R. T. would become the driver and the EMT would attend to the patient in the patient care compartment. This often leads to waste of resources and the allocation of those resources. Any of our firemen could drive our ambulance safely to the hospital, leaving our M. R. T. to respond in our community if needed. I would ask that the requirement for a crew be changed to an EMT and a driver.

#5 Right now the EMT class consists of 180 hours of classroom instruction, 10 hours spent volunteering in an emergency room (are) or riding on an ambulance plus the time spent in the testing process, and usually some extras besides. After that much of an investment in time, (and) effort and money, more than 40 percent of the people in our area fail the national registry written exam. So after this tremendous expense, they are

left with nothing. I have asked to allow these people to take the M. R. T. test if they fail the national registry written exam, and thus be able to serve as an M. R. T.. This will give them valuable time and experience in the field and hopefully help them to pass the very difficult national registry written exam in the future. It also gives our local squads a very precious resource to use in our operations, instead of being left with nothing.

#6 Currently we are mandated to teach a Haz-mat awareness class and a Blood Borne-Air Borne pathogen class every year, the class does not change from year to year. We could make much better use of the precious time that these volunteers give us than to subject them to this redundant training every year.

In these very difficult fiscal times, the changes mentioned above would not cost the State of CT 1 cent to enact, but it would greatly improve the numbers and the strength of our rural volunteer ambulance squads. If by some miracle, we do receive some kind of financial aid from the State, I would love to see the EMT class taught in our local high schools. Cornwall benefited richly from a young man who took the EMT class at Housatonic Valley Regional High School. He (and) now serves on our squad and is enrolled at Springfield College, in their paramedic program.

Here is a partial list of the mandates that we have had to comply with in the last few years:

- NIMS training and certification 200, 400, 700 and 800,
- Smart tag triaging system and we were never even given a kit, despite our completion of the state mandated training.
- Electronic charting---we were given a tough-book computer, and then we had to spend thousands of dollars and hundreds of hours in training to comply with this mandate.
- Dr Galvin issued a memorandum stopping us from using our cardiac monitors despite a written protocol from our local hospital--leaving us with a brand new \$30,000 monitor and the prohibition to use it.
- Aspirin and glucose testing were halted as well without any input from the providers, only to have it re instated later on.

I am a volunteer who has a family of 4 children, I have a business to run, to provide for them. I am honored to serve my community in my current capacity. I wish the State of Connecticut would better appreciate the time I committ and service that I provide, and halt this endless flow of mandates that often wastes my time, money and effort.

Respectfully submitted,

Skip Kosciusko